

# Mothers Against Drunk Driving

## Victim Impact Panel Control Form

**\*\* THIS FORM MUST BE COMPLETED FOR ALL MADD VICTIM IMPACT PANELS \*\***

Chapter/State \_\_\_\_\_

Date of Panel \_\_\_\_\_

Location: \_\_\_\_\_

A.	Number of Attendees	
B.	Fee Collected from Each Attendee	
C.	Total Collected	
D.	Beginning Receipt Number	
E.	Ending Receipt Number	
F.	Number of Persons at VIP Meal	
G.	Total Amount Paid for VIP Meal	
List the names of persons at the meal and the panel role they performed		
NAME OF PERSON		PANEL ROLE

*(Receipt must be provided)*

Use additional piece of paper if necessary. All names **MUST** be listed.

<b>CASH/CHECKS DEPOSITED INTO BANK</b>		
H.	Total Cash/Checks Collected (C., above)	
I.	Less: Cost of VIP Meal (G, above)	
J.	Net Amount Deposited	

Funds Collected By (signature) \_\_\_\_\_

Print Name \_\_\_\_\_

Funds Counted By (signature) \_\_\_\_\_ *(cannot be person who*

Print Name \_\_\_\_\_ *collected funds.)*

Funds Deposited By (signature) \_\_\_\_\_

Print Name \_\_\_\_\_

Date Deposited \_\_\_\_\_